



Wisconsin Department of Public Instruction
MILWAUKEE PARENTAL CHOICE PROGRAM
STUDENT APPLICATION 2006-2007 School Year
MPS-PCP-3A (Rev. 3-06)

This collection is a requirement of s. 119.23, Wis. Stats.

☐ Check if amendment to original application

INSTRUCTIONS: A separate form must be completed for each child applying under this program. Print clearly in ink. Return completed form to the school.

For DPI Use

School Applying To			Grade Level For School Year 2006-2007	
Student's Name Last Name		First Name	M.I.	Date Of Birth <i>Month/Day/Year</i> / /
Student's Home Street Address		City	ZIP	Telephone <i>Area/No.</i> ()
Parent/Guardian Name Last Name		First Name	M.I.	School Attended During 2005-2006 School Year

STUDENT ELIGIBILITY

Please answer the following four (4) questions to determine the student's eligibility for the Milwaukee Parental Choice Program (MPCP) in the 2006-2007 school year. Question 4 must be checked yes to be eligible.

Yes	No	New MPCP Students (175% of Federal Poverty Level)	Continuing MPCP Students and their Siblings (220% of Federal Poverty Level)
<input type="checkbox"/>	<input type="checkbox"/>	1. Did your child participate in the MPCP during the 2005-2006 school year?	3b. If you answered No to both questions 1 and 2, check one box by the number that corresponds with your household size.
<input type="checkbox"/>	<input type="checkbox"/>	2. Does your child have a sibling that participated in the MPCP during the 2005-2006 school year? Sibling means a brother or sister who shares at least one parent by birth or adoption or by his or her parents' current marriage.	3b. If you answered Yes to either questions 1 or 2, check one box by the number that corresponds with your household size.
Sibling Name		Household Size Maximum Yearly Income	Household Size Maximum Yearly Income
Sibling Date of Birth <i>Mo./Day/Yr.</i>		<input type="checkbox"/> 1.....\$ 17,568	<input type="checkbox"/> 1.....\$ 22,086
School Sibling Attending (2005-06 School Yr.)		<input type="checkbox"/> 2.....\$ 23,553	<input type="checkbox"/> 2.....\$ 29,610
		<input type="checkbox"/> 3.....\$ 29,538	<input type="checkbox"/> 3.....\$ 37,134
		<input type="checkbox"/> 4.....\$ 35,523	<input type="checkbox"/> 4.....\$ 44,658
		<input type="checkbox"/> 5.....\$ 41,508	<input type="checkbox"/> 5.....\$ 52,182
		<input type="checkbox"/> 6.....\$ 47,493	<input type="checkbox"/> 6.....\$ 59,706
		For each additional household member add \$5,985.	For each additional household member add \$7,524.
Yes	No	4. Check Yes, if your yearly income level is at or below the applicable amount listed for your household size. If higher than the amount listed, check No.	
<input type="checkbox"/>	<input type="checkbox"/>		

Household Size includes any parents, grandparents, children, other relatives and unrelated people who live in your household. Foster children are counted as a household of one (1) and only the foster child's income is counted.

Maximum Yearly Income is determined by Adjusted Gross Income (AGI) on the federal income tax return (line 37 of Form 1040, line 21 of Form 1040A, or line 4 of Form 1040EZ) for the prior calendar year (2005 for the 2006-07 choice program.) You must provide the school with a federal income tax return for the prior year if filed. You may provide the school with evidence of expected income for the current calendar year that makes you eligible for the program.

PARENT or GUARDIAN SIGNATURE

For Use of Parent or Guardian: I as the parent or guardian certify that all of the above information is true and correct. I understand that school and/or state officials may verify any of the information on the application.

Signature of Parent or Guardian		Date Signed
<input type="checkbox"/>		
For Use of School: I, as the administrator responsible for pupil admissions have reviewed the student application and have concluded that it is properly and completely filled out to the best of my knowledge.		Based on the information provided by the parent or guardian, the student is eligible. <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School Administrator or Designee <i>Print or Type</i>		Date Application Received <i>Mo./Day/Year</i>
School Administrator or Designee Signature		Date Signed
<input type="checkbox"/>		